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CONFIRMATION NO. 6095

<b>SERIAL NUMBER</b> 09/786,867	<b>FILING OR 371(c) DATE</b> 08/21/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> MOROZ3	
<b>APPLICANTS</b> Chaya Moroz, Tel-Aviv, ISRAEL;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL99/00485 09/08/1999					
<b>** FOREIGN APPLICATIONS *****</b> ISRAEL 126181 09/11/1998      ✓ my 7-20-06					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/01/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature      Initials		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 001444					
<b>TITLE</b> Dna sequence encoding oncofetal ferritin protein					
<b>FILING FEE RECEIVED</b> 1474	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		